

WHAT'S THE PURPOSE OF YOUR PRECISION COMPLIANCE, PERFORMANCE, AND REVENUE (CPR) PILOT? WHAT'S IN THIS SIMPLE AGREEMENT?



Background - Since 2007 Precision has helped to architect and build value-based measurement and management platforms with CMS/Payers. These algorithms are not in any EHR or dataset, and the only master structure for all payers resides within Precision's platforms.

- We have current and updated CMS/Payer compliance and quality measures data on 1,061, providers and can tell them to the dollar what revenue they are being penalized for not taking.
- They keep 100% of this missed compliance-based revenue as we are compensated separately for our AI triage, care coordination and navigation codes.
- Since we are already present and connecting 17 sectors of healthcare and consumer health worldwide, we are your perfect advocate and partner.

Results? - The very same system that was built to penalize organizations and providers can correct their path in the background with their own rules without any operational changes required. There is no new technology to learn, no upfront or out-of-pocket costs, and a profit is guaranteed. [More information here.](#)

- 1 Show organizations and providers to the dollar what they are missing in medically necessary services according to CMS/Payers. This compliance based clinical revenue is 100% yours! Why does this matter?
- 2 On one sample code a compliant provider receives \$352 in reimbursement and a noncompliant provider receives \$179.
- 3 You're unknowingly and preventively cutting your own reimbursements and don't even know that it's happening.
- 4 Our electronic visit codes were made permanent in 2021 as REWARDS to get providers to triage service types and staff needs BEFORE taking action to save on unnecessary visits and services.
- 5 Engage the entire patient population in a billable encounter to determine which patients are missing which services.
- 6 Though we only expect to be paid on 30% of our codes, for compliance purposes if you didn't bill it then you didn't do it. We're OK with that for the greater good. Why does this matter?
- 7 Critical to Risk Stratification for RAF score, ensure required visits for moderate and high-risk patients, attribution for patient counts in shared risk programs like ACOs/Medicare Advantage.
- 8 Though we charge a compliant flat rate for service, you only pay when you are paid, and you are assured a 50% profit from our billable services. We handle this only this billing and collection segment for you within your process or system.
- 9 You are paid to empower the patient to control their own health records thus eliminating redundant paperwork while saving transfer requests.
- 10 Our national consumer health records initiatives will drive new patients to your practice while allowing you a new concierge upgrade option for existing and new patients.

Very simply, if you like the Pilot and would like to pursue the remaining missed mandated revenue from your CMS/Payer Report Card, you simply continue under the same payment terms with us connecting to your chosen services and service providers. Or we can introduce you to providers. Again, we do not offer those services nor share in that revenue. Thank you so much for your interest! Let's get started!

WELCOME TO PRECISION HEALTHCARE TECHNOLOGY

ABOUT YOUR SIMPLE AGREEMENT

WHAT IS THE SERVICE?

- ① Precision's Stealth Workflow Intelligence identifies each individual patient's medical necessities according to the CMS Standard of Care, and electronically connects the patients to begin these next steps.
- ② These are often missed yet required services you may not be maximizing or being paid for at all. These should also be included in your schedule appointment reminders.
- ③ These billable encounters are for the entire patient population and facilitate compliance in patient engagement and care coordination that helps your Compliance, Performance & Revenue – CPR. Assists in meeting the CMS Health Equity initiatives.

WHAT AM I AGREEING TO?

- ① Nothing ever owed upfront.
- ② Our patient engagement and care coordination will conservatively drive associated mandated clinical services to you for another \$120 per patient.
- ③ **You can never be billed for more than you collect for our care coordination and navigation codes if you choose our full-service model.**
- ④ No charge for ACO/Medicare Advantage programs.
- ⑤ Allow us to coordinate with your staff during setup so that we can do the work for you. Your staff then will do nothing different than they do today.

HOW DO I START?

- ① Sign the two-page agreement with your finger.
Connect us to the person who can export your contact list from your EMR/Billing system (three minutes).
- ② Connect us with the person who will instruct us how you want us to direct patients to your office with moderate risk and or high risk if different.
- ③ Typically, this is a schedule link, an email address or a phone, person or extension if when possible.

WHAT AM I AGREEING TO?

- ① Launch in 72 hours.
- ② Revenue in 35 days.
- ③ Even large organizations can implement in 30-45 days.



SERVICES AGREEMENT TO UTILIZE ELECTRONIC PROCESSES AND OTHER FOLLOW-UP FOR PATIENT ENGAGEMENT

This Agreement in conjunction with the Business Associate Agreement attached hereto provides the terms and conditions under which Precision Healthcare Trust (Service Provider) The Woodlands, Texas a Delaware Limited Liability Corporation will provide software as a service and services (SaaS) that will gather, capture, communicate and manage health care data provided by patients of _____ (Contracted Organization) under their authorization, direction and control for the purposes defined in this agreement.

- A. The Parties (Collectively Service Provider and Contracted Organization) recognize and agree that no payments made under this letter agreement shall be made directly or indirectly in return for, or as to induce or reward, any federal health care program referrals or business.
- B. The Parties agree that, to the fullest extent allowed by law, all of the materials created on Contracted Organization's behalf by Service Provider in connection with its performance of this Agreement is a work made for hire and Service Provider shall therefore be deemed to be the sole owner of any and all right, title, and interest therein, including without limitation, intellectual property rights.
- C. There may be information disclosed by either party which may be deemed confidential information. If a Party designates certain information as CONFIDENTIAL then the receiving party shall not disclose the confidential information to any third party without the prior written consent of the disclosing party. The receiving party shall not use the confidential information for any purpose other than the agreed-upon purpose without the disclosing party's written consent.
- D. The agreement grants the Contracted Organization a non-exclusive, non-transferable license to access and use Service Provider SaaS offerings in accordance with the terms of the agreement.
- E. Contracted Organization will provide a patient list to the Service Provider that will include the First Name, Last Name, Date of Birth, Gender, Email, Mobile or Contact Number. The Contracted Organization will provide contact information that may be included in the patient engagement for any patient to contact about the program or other questions. If the initial program has other qualifying criteria, then that will also be included. This information will be provided to the Service Provider within 21 days of this agreement being signed.
- F. Service Provider will set an instance of the Service Provider Software (SaaS) specifically for the Contracted Organization including a Dashboard for encounter documentation, reporting, and other functionality that may be available from the Service Provider for the purpose of performing and managing the functionality deemed necessary by either Party. The SaaS instance will be available to the Contracted Organization within 14 days of the data submitted as per E above.
- G. Patient engagement and communication will be through the SaaS Application and the Service Provider will send a Contracted Organization specific communication with the program information and instructions utilizing various forms of messaging to all patients that have been determined by the Service Organization to qualify for the specific Program or Service where an email and or text or SMS number is available to the Service Provider. This Organization specific messaging will include an introduction and follow-up information for the purpose of completing the task assigned to the patient as agreed upon by the Parties. All material and processes related to this process will be provided to and approved by the Contracted Organization and such final approval will be deemed to be part of this agreement as the defined scope. The engagement is on a best-efforts basis and the scope of work is defined in Section H below.
- H. Engagement with patients where the Service Provider has received contact information as per E above will receive:
 - a. Electronic communications with the initial message that will be attached hereto that defines the program name, program statement and purpose of engagement qualifying criteria, initial introduction message for both email and text, agreement and call to action documentation that will be available to any patient receiving the message which may include a specific "landing page" that provides additional information to any respondent.
 - b. The Software (SaaS) will display responses to the messaging with a link to the PDF of documentation listed by patients. The documentation will be available in the Service Provider Application and the Contracted Organization will be provided access to this Application as a Software as a Service basis. The web link(s) and login information will be provided when available.

- c. The Contracted Organization will utilize the application provided by the Service Organization to access results of the program and any other available information that the Service Provider makes available
- d. Invoices for each patient will be based on the response to the messaging and identified as a program response by the Service Provider. For clarification, once the patient submits the electronic response, that completes the service by the Service Organization. It is up to the Contracted Organization to complete the process of review and billing functions.
- I. The Service Provider will submit a monthly invoice to the Contracted Organization based on the total count and report listing each response of the patient engagement by all patients. This report will be available in the Software (SaaS) provided by the Service Provider and also attached to the monthly invoice. The price per response defined by H(d) will be a base fee of (See Program Options Exhibit Attached) per patient response as determined by the reporting provided by the Service Provider. The Contracted Organization will have a net thirty (30) days to pay the invoice. If a model includes insurance claims support is requested, and there is a dispute or validation adjustment including nonpayment of claims from CMS or insurance carrier, those must be made known by either party within the 30-day period from the date invoiced and an adjustment may be made to the invoice, but the invoice due date will not be adjusted. All nonpaid claims will roll into the next month's reconciliation. The task for the Service Provider is based on providing a response to the engagement and to make available the application for reporting and for the Contracted Organization having available the application provided by the Service Provider to document encounters and other information for any patient enrolled in the program.

For Clarification, Service Provider will provide an interim report(s) on the completed e-visit encounters so that the Contracted Organization can complete billing.

- Billing report (Super Bill) generated
 - Interim billing report(s) sent to Contracted Organization which will include services related to CPT billing codes G0071, 99421, 99422, 99423 for all electronic visits completed on the Precision Platform
 - Contracted Organization bills for the e-visit encounters using the documented CPT codes and requirements for the e-visit specifically using NO modifier and specific ICD10 codes specified in the encounter documented in the billing report
- Invoice
 - Service Provider sends monthly invoice to Contracted Organization for all completed encounters on the Precision Platform
 - Monthly Billing Report sent to Contracted Organization for all completed encounters on the Precision Platform
- Payments
 - Payment received by Contracted Organization
 - Documented denials including billed but nonpaid claims for any encounter billing. Contracted Organization will provide a report for all denials and reasons for non-payment including billed but not paid claims to give the Service Provider an opportunity to adjudicate the billing
 - Invoice adjusted for denials and reason documentation
 - Contracted Organization submits payment to Service Provider for Adjusted/Final Invoice amount.
- J. Additional services may be provided by the Service Organization through a separate agreement Addendum to this Agreement and may provide for staffing, compliance, and other processing where the Service Organization may provide services related to encounter documentation and other patient engagement services beyond just the services contemplated and the SaaS provided as stated in D-I above. Those additional services would be made available through a separate agreement and made as part of an Addendum to this agreement and defined through a separate scope of work.
- K. The expectation that once this agreement is signed by the Contracted Organization is that the data will be provided within 21 days of this agreement from the date listed below and that within 14 days after the date of the data being received the Patient Engagement Program will start with the first communications.
- L. Either party may cancel this agreement after 90 days from the date the Contracted Organization signed below, and all outstanding invoices become due on the date of cancellation and because of the nature of the patient engagement, responses to outstanding email the electronic engagement may occur after the cancellation date and in that case the Service Provider will invoice as per stated in this agreement and those

invoices will have a 30-day due date from the invoice date. In the case where there are additional services engaged then those services would have their own provision for cancellation. The use of the application provided by the Service Provider will be available for a fee after cancellation and that fee will be determined at the time of the cancellation request and may be for reporting purposes or other requested functionality that may be available.

M. The jurisdiction for any claim or controversy arising out of or relating to this agreement shall be in the State of Texas and each party waives any objection it may have as to the venue of any action or proceeding.

N. Each party agrees to indemnify, defend, and hold each other harmless for and from any loss or liability arising out of the party's breach of this contract.

O. Notices shall be sent to the following designated email with return receipt enabled:

Service Provider: Doug@Precisionvbm.com

Contracted Organization:

Signatures of authorized representative or officer of respective entity below.

For Service Provider: Doug Sparks, Founder/CEO

Date _____

For Contracted Organization: Print Name _____

Date _____

For Professional Consultant/Strategic Partner: Print Name _____

Date _____

First Name*

NPI Number*

Last Name*

Email Address*

Practice/Group/Organization Name

Contact Number

Speciality*

YOUR PILOT PROGRAM OPTIONS

If you like the pilot, simply continue the program!

Record Review Requirements if Billing Insurance – Exactly like a lab report, if you are billing for our services, you and your staff are required to review the PDF results among yourselves, set a plan, and communicate the plan to the patient. This is typically 21+ minutes over seven days of conversation, back and forth communication and scheduling the next steps for the patient. [Here are our program choices.](#)

NOTE - You keep 100% of the clinic revenue we drive to your organization or practice

- Our AI Driven Care Coordination & Navigation Codes can be billed separately or not at all
- CMS/Payers Reimburse About \$50. Turn an expense center into a profit center!
- We also pay you \$1 per subscriber per month when your patients or staff engage in our health records services.

Bill claims yourself - \$8 per response. - Don't bill claims - \$5 per response.

Due Net 30 Days

YOUR CMS/Payer Report Card – Missed mandated services you think you are doing that payer data says you are not. Why does it matter? On one sample code a compliant provider receives \$352 in contracted reimbursement and a noncompliant provider receives \$179. We do everything for you including connecting these missed services.

Our Precision Stealth Workflow Intelligence pre-stages and navigates care coordination in the background away from your workflow. You never even see it, but you give us the rules to run it. Below is a typical single provider missing 333,901 in required services. You keep 100% of this revenue as we are compensated separately for our care coordination and navigation codes.

DR. ZHIVAGO					
LOCATION		SPECIALTY	ENTITY TYPE		NPI NUMBER
3901 Nostrand Ave Suite L11, Brooklyn, NY, 11235		Internal Medicine	Individual		1124198304
Risk Score 1.1206	Total Beneficiaries 536	Total Services 6023	Missed QM Opportunity \$333,901.00	EKG Opportunity \$30,495.00	
ABi Opportunity \$10,938.00	AWV Opportunity \$74,560.00	MH Opportunity \$22,896.00	RPM \$65,606.40	CCM \$20,868.81	
Sr. No.	Quality measures	QM Reported (%)	QM Not Reported (%)	QM Cost (\$)	QM Missed Opportunity cost (\$)
1	Atrial fibrillation	54/100%	46/100%	\$22,896.00	\$22,896.00

Simple Pricing Methodology – These are REQUIRED Assessments that dictate the medical necessary services follow up within our results. Each successive encounter produces new medial necessities from within those results. Only Precision owns or has access to this technology.

Always a Profit at No Upfront or Out of Pocket Cost

- \$12 Per Paid Response – Requires Superbill & Documentation
- \$8 – Not Paid – Still Benefit with Visits & Patient Attribution
- 10% Billing & Collection - We Provide This Service for Our Services
- Payments are Made at 50% of Collected –Always a Profit!